

**East Caln Township
110 Bell Tavern Road
Downingtown, PA 19335**

TELEPHONE No: (610)269-1989

FAX No. (610) 269-9183

APPLICATION FOR SOLICITATION PRIVILEGES
PURSUANT TO THE PROVISIONS OF ORDINANCE 1977-2

NAME: _____

PLACE OF BIRTH: _____

DATE OF BIRTH: _____ SOCIAL SECURITY# _____

PHONE NUMBER: _____

ADDRESS (TEMPORARY): _____

ADDRESS (RESIDENCE): _____

NAME & ADDRESS OF EMPLOYER: _____

NATURE OF BUSINESS: _____

Has the applicant ever been convicted in any jurisdiction of any crime other than a minor traffic violation: YES: _____ NO: _____

If YES, the applicant must provided the Township as to the crime or crimes, and the disposition thereof: _____

APPLICATION OF: _____

THE FOLLOWING MUST BE SUBMITTED WITH THIS APPLICATION:

- 1. Photo Identification, i.e., driver's license
- 2. Fee in the Amount of \$20.00

The applicant is advised that the above information will be submitted for a criminal background check. No permit will be issued until this background check is completed.

I, the undersigned applicant, do hereby attest that the statement or documents appearing on, or submitted with the application are true and correct in manner, shape or form.

Applicant's Signature

Date